

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35168

State File No. \_\_\_\_\_

Registrar's No. 36

NOV 15 1943

Registration District No. 198

Primary Registration District No. 5720

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Bewers  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Liberty Twp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES E. BUNDREN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race wh.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Addie Bundren

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased 8-19-1861  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>2</u>	<u>1</u>	_____.hr. _____.min.

9. Birthplace Chariton co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Bundren

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Evans

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lisa T. Holman

(b) Address Bewers, Mo.

17. (a) Burial (b) Date thereof 10-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indian Chapel

18. (a) Signature of funeral director H. E. Edwards

(b) Address Bewers, Mo.

19. (a) 10-23-43 (b) Winnie J. Rowley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town Bewers Rural 061  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18  
year 1943 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 10-23 to Oct. 18, 1943  
that I last saw him alive on Oct 18, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency 10 yrs.  
Coronary Arteriosclerosis 10 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury ✓

23. Signature J. F. Turner (M. D. or other) \_\_\_\_\_  
Address Macon, Mo. Date signed 10-21-43

OCT 6 1948

RECEIVED

District Health Officer No. 10

District File Number 11-42-1822

Date Filed NOV 12 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed

*J. S. Edwards*

Licensed Embalmer No. 1961

P.O. Address Brewer Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.